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**Attention: Medicaid Physicians, Pharmacies, FQHC,
RHC, and Nursing Homes**

Effective June 1, 2004, the Alabama Medicaid Agency will require prior authorization (PA) for payment of brand name Non-Sedating Antihistamines for children 18 years of age and under. A prior authorization requirement has been in effect since December 8, 1997 for this class of drugs for adults. The PA request form can be found on the Agency web site at www.medicaid.state.al.us. Requests may be faxed or mailed to:

Health Information Designs, Inc. (HID)
Medicaid Pharmacy Administrative Services
P. O. Box 3210
Auburn, AL 36832-3210
Fax: 1-800-748-0116
Phone: 1-800-748-0130

PA requests failing to meet Medicaid criteria will be denied. If the prescribing physician believes medical justification should be considered, the physician must submit a written letter of medical justification along with the prior authorization form. Additional information may be requested. Staff physicians will review this information.

Policy questions concerning this provider alert should be directed to the Pharmacy Program at (800) 362-1504. Questions regarding prior authorization procedures should be directed to the HID help desk at 1-800-748-0130.

May 6, 2004



P.O. Box 244032
Montgomery AL 36124-4032